

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2008 08:00 AM
Secretary of State**

DOCUMENT # 764758

1. Entity Name
BAHAMAS WEST II OWNERS ASSOCIATION, INC.



Principal Place of Business
**22408-D FRONT BEACH RD.
PANAMA CITY BEACH, FL 32413 US**

Mailing Address
**JOHN GAFFORD
2101 SHORTLINE DR.
MONTGOMERY, AL 36116**



02152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3191815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWNING, LEON
112 PLACIDO PLACE
PANAMA CITY BEACH, FL 32413**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000831713
02/27/08-80026-022 61.25**

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|-------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBINSON, KEN 416 MICHAEL RD LEEDS, AL 35094 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MENZIE, CAROL 22408-C FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GAFFORD, JOHN 2101 SHORTLINE DR. MONTGOMERY, AL 36116 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BROWNING, LEON 112 PLACIDO PLACE PANAMA CITY BEACH, FL 32413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

John E. Gafford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08 334 291-8192

Date

Daytime Phone #